09/030 571

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |   |                                 |              |                                  |                  |      |              |                        | Application or Docket Number |                            |                        |
|--|---|---------------------------------|--------------|----------------------------------|------------------|------|--------------|------------------------|------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |                                 |              |                                  |                  | _    | SMALL ENTITY |                        | OR                           | OTHER THAN<br>SMALL ENTITY |                        |
| L  | FOR   | NUME                            | NUMBER FILED |                                  | NUMBER EXTRA     |      | RATE         | FEE                    |                              | RATE                       | FEE                    |
|  | SIC FEE<br>CFR 1,16(a))   |                                 |              |                                  |                  |      |              | 3                      | OR                           | 74,14                      | 3                      |
|  | (AL CLAIMS<br>CFR 1.16(c))                                      |                                 | minus 2      | 0 =  -                           |                  | 1    | X 6 =        |                        | OR                           | X 5 =                      |                        |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))   |   | vis                             | eunim        | ,                                |                  | 1    | X 3 =        |                        | OR                           | x 5 =                      | <b></b>                |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))  |   |                                 |              |                                  | 1                | +5 = |              | OR                     | +,                           |                            |                        |
| " If the difference in column 1 is less than zero, enter "0" in column 2.  |   |                                 |              |                                  |                  |      | TOTAL        |                        | OR                           | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |   |                                 |              |                                  |                  |      |              |                        |                              |                            |                        |
| 1.CF ON OTHER T  |   |                                 |              |                                  |                  |      |              |                        |                              | R THAN                     |                        |
| Ļ  | - C   | (Column 1)                      | 7            | (Column 2)                       | (Column 3)       | 1 1  | SMALL E      | NTITY                  | UR                           |                            | ENTITY                 |
| AMENDMENT A  | Stilly  | REMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      | RATE         | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADOI-<br>TIONAL<br>FEE |
|  | Total /<br>(37 CFR 1.16(ct)                                     | :26                             | Minus        | "64                              | - /              |      | x s=         |                        | OR                           | X \$ =                     |                        |
|  | independent<br>(37 GFR 1,15(b))                                 | 2                               | Minus        | ")                               | • /              |      | x \$ =       |                        | OR                           | × * *                      |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(d)) |                                 |              |                                  |                  |      | +,           |                        | OR                           |                            |                        |
|  |   |                                 |              |                                  |                  | , ,  | TOTAL        |                        | OR I                         | TOTAL                      |                        |
| 5-3 · 03 (Column 1) (Column 2) (Column 3)  |   |                                 |              |                                  |                  |      | ADD'L FEE    |                        | UK                           | ADD'L FEE                  |                        |
| AMENDMENT B  |   | (Column 1)<br>CLAIMS            |              | (Column 2)<br>HIGHEST            | (Column 3)       | 1    | 1            |                        | 1                            |                            |                        |
|  |   | REMAINING<br>AFTER<br>AMENDMENT |              | PREVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |      | RATE         | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total<br>(37 CFR 1.18(t))                                       | :26                             | Minus        | -26                              | -                |      | X \$=        |                        | or                           | x s                        |                        |
|  | Independent<br>(37 CFR 1,15(b))                                 | س                               | Minus        | <sup></sup> 3                    | •                |      | x \$e        |                        | OR                           | x \$ _ =                   |                        |
|  | FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                 |              |                                  |                  |      | +5a          | 7                      | OR                           | 1, .                       |                        |
|  |   |                                 |              |                                  |                  |      | ADO'L FEE    |                        | OR                           | TOTAL<br>ADD'L FEE         |                        |
|  |   | (Column 1)                      |              | (Column 2)                       | (Column 3)       |      |              |                        |                              | •                          |                        |
| AMENDMENT C  | Filed   | CLAIMS<br>REMAINING             |              | HIGHEST<br>NUMBER                | PRESENT          | ſ    | RATE         | ADDI-                  | ſ                            | RATE                       | ADDI-                  |
|  | 11-1605   | AFTER<br>AMENDMENT              |              | PREVIOUSLY<br>PAID FOR           | EXTRA            | 1    |              | TIONAL<br>FEE          |                              |                            | TIONAL<br>FEE          |
|  | Total<br>(37 CFA 1.18(c))                                       | 20                              | Minus        | م.<br>م                          | <b>O</b>         |      | x s          |                        | OR                           | x \$ =                     |                        |
| AEN  | independent<br>(3º CFR 1.16(6))                                 | 3                               | Minus        |                                  | er               | . [  | X \$ a       |                        | OR                           | x 3                        |                        |
| ₹  | FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.16(d))  |                                 |              |                                  |                  |      | + 5 =        |                        | OR                           | + 5 =                      |                        |
| TOTAL<br>ADDL FE   |   |                                 |              |                                  |                  |      |              |                        | OR L                         | TOTAL<br>ADDL FEE          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20".  |   |                                 |              |                                  |                  |      |              |                        |                              |                            |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (North or Indianada III) It is highest provided that a second of the Indianada III is highest provided to the Indianada II is highly provided |   |                                 |              |                                  |                  |      |              |                        |                              |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 8 ox 1450, Alexandria, VA 22313-1450.

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